TRAVEL EXPENSE CLAIM

		_			TRA	AVELE	XPI	ENSE	CLA						Pages	
			Card Holder		HR PERSONNEL NUMBER							instructions and privacy statement on page 2. EMPLOYEE VENDOR NUMBER				
CLAIMANT'S NAME					HR PERSONNEL NUMBER					EMIPLOTEE VENDOR NUMBE						
OLA COLFIGATION					DADCAINUNG LINUT NU IMPED				DIVISION PRANCH ETC				L OFFICE DUONE			
CLASSIFICATION					BARGAINING UNIT NUMBER				DIVISION, BRANCH, ETC.				OFFICE PHONE			
DECIDE	NCE ADI	DDECC*							HEADQUARTERS ADDRESS					ROOM NUMBER		
KESIDE	INCE ADI	DKESS							TIE, IS GOTILLE ADDITEDO					ROOM NOWBER		
CITY					STATE ZIP CODE				CITY					ZIP C	ODE	
CITY					SIAIE	ZIP CODE		CITY					STATE	ZIPC	ODE	
(4) NOT	NAAL WA	RK HOURS						(2) DDI)/A	TE VE	IIICI E LICE	NOT NILI	MDEDC				
(I) NOR	RIVIAL VVO	KK HOUKS			0"				(2) PRIVATE VEHICLE LICENSE NUMBERS							
(a) EV(-E00 L OB	OINO ADDDO	V/AL (OTD OFF-)		Off				(5) TOTAL MILES CLAIMED							
(3) EXCESS LODGING APPROVAL (STD 255c)					(4) MILEAGE CLAIM RATE											
YES NO						_										
6) MONTH/YEAR		(8) LOCATION PURPOSE (OF		(10) MEAI	1	(11)			(12) TRA			(5)	(13) BUSINESS		
		TRIP FOR	S LODGING		LUNCH	O.T. L/T N/C RELO.	INCI- DEN-		(B) HOW	(C) COST OF			(E) CARFARE,			
7) DATE	TIME	EXPENSE INCURREI	S	FAST	LONGIT	OR DINNER	TALS		PAID	TRANS	MILES	AMOUNT	TOLLS, PARKING	EXPENSE	FOR DAY	
						2							17			
	SUBT	OTALS														
SUBTOTALS					BKS VND	DETAILS (A	ttach r	eceints/voi	ichere i	when requir	ad)					
(15) COST OBJECT AMOUNT				I CEIVIT C	REMARKS AND DETAILS (Attach receipts/vouchers when required)										CLAIM TOTAL	
(16) TO	OTAL															
(17) I HE	PERV	PERTIEV tha	t the above is a	true et	atement (of the trave	al eyne	nees incl	irrad h	v me in ac	cordanc	e with DE	DA rules in t	ha Stata o	f	
Californi	a and tha	at all items sl	hown were for	official S	State busi	iness. I als	so cert	ify that if	a priva	tely-owne	d vehicle	was use	ed, I have m	et the insu	rance	
			vith DAM 4131												l to or	
			for mileage rat	es exce	euing the									viOU.	DATE	
SIGINA I	UKE UF	CLAIMANT				יט	ATE	(10) SIGN	IA I UKE	OF OFFIC	EK APPK	COVING PA	A TIVIEN I		DATE	
(40) 0:5	NIAT: 10 5	OF AUTUCS	ITV FOR ORFO	AL EVE	NOTO	-	A-F-			For	D 4000:	INITINIO	OF ON! Y			
(19) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES DATE							AIE	FOR ACCOUNTING USE ONLY								
TITLE								DEVOLVING ELIND CHECK NI IMBED/CHECK DATE								
TITLE								REVOLVING FUND CHECK NUMBER/CHECK DATE								

TRIP NUMBER

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